GUIDELINES FOR SCHOOL REGISTRATION

OF

STUDENTS IN CARE OF CHILD WELFARE AGENCIES

Revised September 2002
GUIDELINES FOR SCHOOL REGISTRATION 
OF 
STUDENTS IN CARE OF CHILD WELFARE AGENCIES 

PHILOSOPHY OF INCLUSION

Inclusion is a way of thinking and acting that allows every individual to feel accepted, valued, and safe. An inclusive community consciously evolves to meet the changing needs of its members. Through recognition and support, an inclusive community provides meaningful involvement and equal access to the benefits of citizenship.

In Manitoba we embrace inclusion as a means of enhancing the well-being of every member of the community. By working together, we strengthen our capacity to provide the foundation for a richer future for all of us.

Manitoba Education and Youth 
2000

PREAMBLE

In Manitoba, every person has the right to an education. There are no exceptions or qualifications to this right.

Students requiring the care of child welfare agencies may be experiencing very stressful events in their lives. The Guidelines for School Registration of Students in Care of Child Welfare Agencies reflect the belief that a carefully planned and timely transition into school allows students to feel accepted, valued, and safe. When the placing agency, upon assuming the role of guardian or acting on the guardian’s behalf, school personnel, and others collaborate and share information, the student’s smooth transition to a new school is facilitated.

Some students in the care of child welfare agencies may have exceptional needs that require a student-specific planning process occur to ensure that appropriate additional programming supports and services are provided. For these students, Special Considerations for Students with Special Needs are included in these Guidelines.
The Public Schools Act states that every parent or legal guardian must ensure that a child of compulsory school age attends school.

The Placing Agency will:

1. complete the Students in Care – School Intake Information form;
2. participate in an initial meeting with school administrator(s), and in subsequent meetings as required; and
3. provide pertinent information that is unique to the child’s educational programming.

The School will:

1. meet with the social worker, foster parent(s) and/or legal guardian to review the student’s educational needs and placement;
2. liaise with the previous school/division;
3. establish the earliest possible date of school entrance;
4. establish appropriate placement, programming and supports; and
5. be responsible for collecting information from previous schools.

If the placing agency and school personnel agree that the student’s needs can be met in the local school, registration should occur immediately.

A student should be registered in their local school unless it is determined that the school division can provide more appropriate programming to meet the student’s unique individual needs in another school.

If the child requires supports or placement beyond the local school, the principal should request assistance from the Student Services Administrator.
If a student in the care of a child welfare agency also has special needs which require additional programming supports or services, a student-specific planning process will be initiated.

The **Placing Agency** will:

1. provide comprehensive information that identifies the student’s special needs and the required programming supports and/or services; and
2. authorize access to previous school and clinical records by completing the necessary release forms.

The **School/Division** will:

1. plan and arrange appropriate support(s) to meet the programming needs of the student; and
2. establish an educational plan for the student in those exceptional circumstances where immediate school placement is not possible.

The **Placing Agency** and the **School/Division** will share the following responsibilities:

1. ensure that a school team, including the foster parent, collaborate to provide the supports and/or resources necessary for a smooth transition into school and for appropriate educational programming;
2. participate in the development and implementation of a multi-system plan to meet the student’s needs in the home, school and community;
3. identify case manager(s) and establish a communication protocol;
4. determine if the student meets the criteria for Special Needs Categorical Funding Level II or III and complete the necessary application process; and
5. collaborate with the preschool to complete the *Early Years Transition Planning Inventory* rather than the *Students in Care - School Intake Information* form, if the child is aged 3-5 years and will be entering school for the first time. (Where possible the inventory should be completed up to one year prior to school entry.)
The **Student Services Administrator** will:

1. contact the Funding Review Team, Manitoba Education and Youth to determine if the child has received Level II or III Special Needs Categorical funding and facilitate the continuation of funding at the receiving school division; and
2. help develop a written multi-system service plan to submit to Manitoba Education and Youth if Level III EBD funding is requested.
Special Needs Categorical Funding
Levels 2 & 3
TRANSFER NOTIFICATION FORM

To be completed by Receiving School Division

Name: ________________________________

D.O.B.: Year: __________ Month: ______ Day: __________

Student Number (MET): ________________________________

Sending School Division: ________________________________

School: ____________________________________________

Funding: [ ] Cat Level [ ] Multiyears

Receiving School Division: ________________________________

School: ____________________________________________

Date of Enrollment: ________________________________

Student Start Date: ________________________________

Note: If unsure of funding information from school division, please call the School Support Unit, Funding Review Team, Manitoba Education and Youth, 945-6064 for confirmation.

The additions/deletions list must be completed in January and June.
STUDENTS IN CARE - SCHOOL INTAKE INFORMATION

The following document will be completed by the Placing Agency and forwarded to the school when registering a student. This information will be used to assist in planning to meet the needs of the student in care.

This document contains confidential information and should be managed following the procedures detailed in Manitoba Pupil File Guidelines (June 2000).

__________________________________________________________

Date: ______________________________
Student: ____________________________ Birthdate (D/M/Y) ____________________________
METY Student No.: __________________
Present Address: ________________________________________________________________
______________________________________________________________

Most Recent School Information

Previous School Division: ________________________________________________
Last School Attended: ________________________________________________
Grade: __________
Last date attended in present grade: ________________________________
School Contact Person(s): ______________________________________________
Position: __________________________ Phone Number: ________________________
School Contact Person(s): ______________________________________________
Position: __________________________ Phone Number: ________________________

Relevant information, including reference to any special considerations for educational programming:

________________________________________________________________________
________________________________________________________________________
Placing Agency Information

Placing Agency: ________________________________

Address: ____________________________________

Case Manager: ________________________________

Phone: ________________________________

Legal Guardian/Status: ________________________________

Foster Parent(s): ________________________________

Address: ____________________________________

Phone: Home ________________________________

Business ________________________________

Placement/Guardianship Factors: ________________________________

________________________________________________________________________

________________________________________________________________________

Expected length of placement (emergency or long-term): ________________________________

Approved for Contact:

Name: ________________________________    Role: ________________________________

Name: ________________________________    Role: ________________________________

Name: ________________________________    Role: ________________________________

Relevant home and community information: ________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Student Information

Areas of interest/strengths (e.g., hobbies, clubs, organizations, cultural interests)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Medical history/needs (e.g., medications, allergies, glasses)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Current doctor: _____________________________ Phone: ________________

Please attach a copy of the student’s last report card.

Other relevant educational programming information: __________________________

__________________________________________________________________________

__________________________________________________________________________

Social-emotional history/needs: __________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
# Programming Supports/Agency Involvement

If applicable, please supply the following information on currently active supports/programming associated with the child.

<table>
<thead>
<tr>
<th>Service</th>
<th>Agency</th>
<th>Address</th>
<th>Contact Name</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Counseling</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Resource</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Speech/Language</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psychology</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Psychiatry</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>Agency</td>
<td>Address</td>
<td>Contact Name</td>
<td>Phone</td>
<td>Fax</td>
</tr>
<tr>
<td>---------------</td>
<td>--------</td>
<td>---------</td>
<td>--------------</td>
<td>-------</td>
<td>-----</td>
</tr>
<tr>
<td>Probation</td>
<td>Agency</td>
<td>Address</td>
<td>Contact Name</td>
<td>Phone</td>
<td>Fax</td>
</tr>
</tbody>
</table>

Previous youth care agencies (e.g., M.A.T.C., Manitoba Youth Centre, residential care facilities, etc.)

Others (please list)

**NOTE:** Any information that is not available when the form is completed should be forwarded to the school as soon as possible. It is important that supplementary information be sent to the school as it becomes available.

Submitted by

Placing Agency Social Worker

Date __________________________